

December 1, 2017

Dear Parent or Legal Guardian

As a youth member of Seton Parish, your child is invited to participate in an activity sponsored by the Diocese of Columbus. This activity will take place under the guidance and supervision of authorized adult personnel from the Diocesan Office of Youth and Young Adult Ministry and Seton Parish. A brief description of the activity follows:

**Name of Event:** 2018 Diocesan Youth Catholic Conference

**Location:** St. Cecilia Church 434 Norton Rd., Columbus, OH 43228

**Emergency Phone:** (614) 203-4776 (Barbara's Cell phone)

**Date:** March 3, 2018

**Time:** Depart Seton Parish at 8:30 a.m. Saturday  
Saturday return to Seton approx. 11:00 pm

**Adult Supervisor:** Barbara Serrano, DYM

**Cost:** \$50.00

**Late Registration:** After February 11, 2018 \$60.00

***Please keep this sheet for reference and make note of departure and arrival times.***

***DEADLINE FOR REGISTRATON  
February 11, 2018***

***LATE FEES WILL BE APPLIED TO REGISTRATIONS RECEIVED  
AFTER THE DEADLINE***

*Full payment is expected for cancellations that occur after registration date  
unless participant finds a substitute  
(It is the responsibility of participants to find substitutes)*

*\*\*Participants who receive financial assistance will be expected to reimburse Seton Parish the full amount paid on their behalf if a substitute is not available and may be denied financial assistance for future events*

DIOCESE OF COLUMBUS

REGISTRATION/PERMISSION/RELEASE AND INDEMNIFICATION AGREEMENT

PARISH NAME Seton Parish PARISH CITY Pickerington

Please print clearly; return with appropriate payment to your adult leader. All incomplete forms will be returned.

I. REGISTRATION

A. Name of Participant Address City State Zip Code Phone Participant Cell (optional) E-Mail T-shirt size (circle one): (Youth) L XL (Adult) S M L XL 2XL Parish Seton Parish School Date of Birth Male Female Grade Name of Adult Leader Barbara A. Serrano

B. Name of Activity 2018 Diocesan Catholic Youth Conference Location St. Cecilia Church 434 Norton Rd., Columbus, OH 43228 Dates of Activity March 3, 2018 Mode of transportation if not self provided: car pool

II. PERMISSION

The undersigned hereby state(s) that (he/she/they) (is/are) the (parent/parents/guardian) of the above named Participant and have full legal responsibility for the Participant. The undersigned hereby grant(s) permission for the Participant to participate in the Activity named in Section I.B., above.

III. RELEASE AND INDEMNIFICATION

- A. Release. The undersigned on behalf of the undersigned, the Participant, and the heirs, successors and assigns of the undersigned and the Participant, hereby release, hold harmless from any liability, and discharge from all direct or derivative claims, actions, causes of actions, medical expenses, costs, legal expenses, other expenses and all other damages at law or in equity, known or unknown, direct or indirect, choate or inchoate against the Diocese of Columbus, the Parish and all current and former employees, agents, clergy, officers and volunteers of the Diocese of the Parish, arising from the Participant's participation in the Activity named in Section I.B., above.
B. Indemnification. The undersigned shall indemnify and hold harmless the Diocese of Columbus, the Parish, and all current and former employees, agents, clergy, officers and volunteers of the Diocese of Columbus or the Parish from any claim, liability, suit, judgment, loss, damage, expense, fee or cost (including court costs and attorney fees) arising directly or indirectly from the Participant's participation in the Activity named in Section I.B., above, unless arising from the negligence of an indemnified party.

IV. SPECIFIC MEDICAL INFORMATION AND MEDICATION

- A. Specific Medical Information. The Parish will take reasonable care to see that the following information will be held in confidence. Chronic Conditions (e.g. Epilepsy; Diabetes) Allergic Reactions (e.g. Food, medications, plants, etc.) Dietary Restrictions Immunizations: Date of last tetanus/diphtheria immunization: Any physical limitations? Has the Participant recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, list date and disease or condition: You should be aware of these special medical conditions of the Participant:
B. Current Medication: The Participant is taking medication at present. The Participant will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for taking such medications, including dosage and frequency of dosage, are as follows:

**C. Non-Prescription Medication**

Please check ONE of the following:

[ ] No medication of any type, whether prescription or non-prescription, may be administered to the participant unless the situation is life-threatening and emergency treatment is required.

[ ] Non-prescription medication may be given to the Participant, if deemed appropriate.

**V. EMERGENCY MEDICAL CONTACT AND TREATMENT**

**A. Emergency Contact Information**

Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone(s) \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

Member's Name \_\_\_\_\_ Phone ( \_\_\_\_\_ )

Family Doctor \_\_\_\_\_ Phone ( \_\_\_\_\_ )

**B. Emergency Medical Treatment**

In the event of an emergency, the undersigned hereby give(s) permission to transport the Participant to a hospital for emergency medical or surgical treatment. The undersigned wish(es) to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if the undersigned cannot be reached at the above numbers, contact:

Name & relationship: \_\_\_\_\_ Phone: ( \_\_\_\_\_ )

**VI. CONSENT FOR RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION**

The undersigned hereby consent to the release of photographs and name of the Participant to be used by the Diocese of Columbus and Seton Parish (PARISH NAME) for future promotional programs of the Diocese and Parish. If you have any questions or concerns, please contact Barbara A. Serrano (PARISH POINT OF CONTACT) at 614-833-0485 (PHONE NUMBER).

\_\_\_\_\_ Please initial here if you DO NOT consent to the release of personally identifiable information.

**VII. CODE OF BEHAVIOR**

The Participant shall comply with the following:

1. The Participant must stay and participate in the entire event. The Participant may not leave the premises unless accompanied by an adult leader, parent, or legal guardian.
2. The possession or use of alcohol, tobacco, drugs, or weapons of any kind is not permitted.
3. Foul language is not tolerated.
4. The Participant must comply with any and all directions of activity staff.
5. The Participant must respect the rights and property of others. Damage to or defacing of property will be the financial responsibility of the Participant involved and the undersigned.
6. Failure to abide by this Code of Behavior may result in a request to the undersigned to transport the offending Participant from the premises, and the undersigned shall immediately comply with the request.

**VIII. SIGNATURES**

**THE UNDERSIGNED HAS READ, UNDERSTANDS AND HEREBY  
AGREES TO AND ACCEPTS ALL PROVISIONS IN THIS AGREEMENT**

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_